U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 2481	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12/31 / 2004
. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Allyn A Humphreys	Name National Air Traffic Controllers Assn.
	Labor Organization File Number 000 - 380
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 814 S. Arlington Mill Dr.	, #101 Street 1325 Massachusetts Ave., NW
City Arlington	City Washington
State VA ZIP Code +4 22	2204 State DC ZIP Code + 4 20005
. Position in labor organization. Chief of Sta	aff
	ou or your spouse or minor child directly or indirectly had any of the following interests led in the exclusions set forth in the instructions):
(except as specif	led in the exclusions set forth in the instructions).
Hold an interest in engaged in transactions (including to	ans) with or derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including lo nonetary value from an employer whose employees you	ur organization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including lo monetary value from an employer whose employees you 5. Name and address of Employer (including trade name, if any).	ans) with, or derived income or other economic benefit of ur organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
i. Name and address of Employer (including trade name, if any).	ur organization represents or is actively seeking to represent.
nonetary value from an employer whose employees you. Name and address of Employer (including trade name, if any). Name	ur organization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ur organization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ur organization represents or is actively seeking to represent.
i. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.a. Nature of Interest, Transaction, or Income.
nonetary value from an employer whose employees you Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, un	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature der penalty of Perjury and other applicable penalties of the law, that all of the information any accompanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Allyn	A.	Humphreys
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B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business dively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Advanced Voice Solutions		
Trade Name, if any:	XXX a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 116-10 Atlantic Avenue		
City South Richmond Hill		
State NY ZIP Code +4 11419		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Received XM Radio set as	holiday gift
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	\$250
City	12.a. Nature of interest held or income received.	5230
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant	der parts A and B above)	
(including trade name, if any). Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	Allyn	A.	Humphrey	S
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State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
Street /	
P.O. Box, Bldg., Room No., if any	
Trade Name, if any:	
Name	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
	12.b. Amount.
State ZIP Code + 4	
City	12.a. Nature of interest held or income received.
Street	11.b. Approximate dollar value of such dealing. \$100
P.O. Box, Bldg., Room No., if any	
Trade Name, if any:	Received Alias DVD set
Name	Dinner at ASAF Conference
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
State DC ZIP Code + 4 20036	
City Washington	
Street 1717 De Sales Street	c. Employer
P.O. Box, Bldg., Room No., if any	b. Trust
	XXX a. Labor Organization
8. Name and address of Business (including trade name, if any). Name Dispey Government Relations	9. Business deals with:
of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	directly to, or otherwise

Name of Person Filing A	llvn	A.	Humphreys
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substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organ	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Fontainebleau Hilton Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4441 Collins Avenue City Miami Beach State FL ZIP Code + 4 33140 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: XXX a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Luncheon	
Street	11.b. Approximate dollar value of such dealing. \$50	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered upor from any labor relations consultant to an employer any payment of more	nder parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Ally	n A. Humphreys
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substantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: XXX a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Received bottle of champagne as Christmas gift.
Street	11.b. Approximate dollar value of such dealing. \$100
City	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant	
(including trade name, if any). Name Trade Name, if any:	
P.O. Box, Bidg., Room No., if any Street City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Allyn A. Humphr	eys
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B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise	
Name and address of Business (including trade name, if any).	Business deals with:	
Name Hilton Hotels		
Trade Name, if any:	XXX a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1016 16th St., NW	c. Employer	
City Washington		
State DC ZIP Code + 4 20036		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Luncheon	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	\$50
City	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of mo	under parts A and B above)	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	Allyn	A .	Humphreys
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substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise				
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Omni Hotels	WWW.				
Trade Name, if any:	XXX a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any					
Street 2500 Calvert Street, NW	c. Employer				
City Washington					
State DC ZIP Code + 4 20008					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	Dinner at PCMA Conference Received Nordstroms gift certificate				
Trade Name, if any:	Dinner at Wolf Trap Seats at Bruce Hornsby Concert				
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing. \$175				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).					
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing	Allyn	A.	Humphreys
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B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise				
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Union Realty Advisors					
	XXX a. Labor Organization				
Trade Name, if any:	b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street 1325 Massachusetts Avenue NW					
City Washington					
State DC ZIP Code + 4 20005					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	Received bottle of Champagne as holiday gift				
Trade Name, if any:	noticely gire				
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing. \$50				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				